

FILED JAN 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 41709

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 5916		Registrar's No. 93	
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cinque Hommes Twp.		c. LENGTH OF STAY (In this place) 45 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cinque Hommes Twp. 0790		d. STREET ADDRESS (If rural, give location) Biehle, R. 1. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Biehle, R. 1.				3. NAME OF DECEASED a. (First) Joseph b. (Middle) Renner c. (Last) Renner			
4. DATE OF DEATH December 19, 1950		5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	
8. DATE OF BIRTH December 17, 1867		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 RES. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Cape Girardeau County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Renner		13b. MOTHER'S MAIDEN NAME Elizabeth Bohnert		14. NAME OF HUSBAND OR WIFE Julia Bohnert Renner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Barney Renner, Biehle, Mo. R. 1.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Biehle Perry Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 9, 1947 , to Dec 19, 1950 , that I last saw the deceased alive on Dec 19, 1950 , and that death occurred at 1:25 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE F. W. Feldman (Degree or title)				23b. ADDRESS Perry, Mo.		23c. DATE SIGNED 12-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 21, 1950		24c. NAME OF CEMETERY OR CREMATORY St. Maurus Catholic		24d. LOCATION (City, town, or county) (State) Biehle, Mo.	
DATE REC'D BY LOCAL REG. Dec 20-1950		REGISTRAR'S SIGNATURE Joe J. Zellmer 250		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert Bey, Perryville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 9 1951

DISTRICT HEALTH OFFICE No. 6

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 3866

P. O. Address Ferrysville, Ms.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.